

State of Alaska  
Department of Education and Early Development  
Child Nutrition Services  
Child and Adult Care Food Program  
**Audit Reimbursement Request**

**«Company»**

Name of Agency

\_\_\_\_\_  
Date

We would like to request reimbursement for the cost of our FY\_\_\_\_\_ audit.  
We understand that we can be reimbursed only the portion of the audit's cost equal to the CACFP's portion of the total federal grant.

\$ \_\_\_\_\_ Total federal funds received in FY\_\_\_\_

\$ \_\_\_\_\_ Total CACFP funds received in FY\_\_\_\_

\$ \_\_\_\_\_ % of federal funds represented by CACFP

\$ \_\_\_\_\_ Total cost of audit

\$ \_\_\_\_\_ Amount of reimbursement requested

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Title

**The following must be attached:**

Copy of audit billing

\*\*\*\*\*

**FOR DOE USE ONLY:**

Amount approved for payment \_\_\_\_\_

Financial Coding \_\_\_\_\_

Program Approval /Date \_\_\_\_\_

Approval for payment/Date \_\_\_\_\_